STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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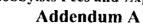
PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

. Name of Lobbyist(s) MIKL U	Linemy	/Alex K	antrobas
I. Name of lobbyist's partnership, firm or corpor	ation, if any:	•	
_	Souly,	110	
(Name of partnership, figh or corporate	ion)		
usiness Address: (Street) (To	Caneard	NH	02301
usiness Address: (Street) (To	wn/City)	(State)	(Zip Code)
(Telephone)	(Fax)	e-mail	
II. This statement covers: (Choose one — the separe portable expense transactions which are not attr			nay file a separate report for
All reportable transactions occurring in the month	ns prior to the rep	orting date relative to t	he following client:
Concerd	Hoene	tul	
(Full Name of Client as appear	rs on the Lobbyist I	Registration Form)	
DR All reportable transactions by the lobeyist (including the lobeyist). Include to any particular client.	ing the lobbyist's	family), or the lobbying	ng firm listed below which are
/. Date of Report April 26, 2017 _: eports cover: activity from date of registration to 3/3	1/17 activ	July 26, 2017 💢	7
October 25, 2017 [] activity from 7/1/17 to 9/30/17	acti	January 31, 2018 []. <i>pity from 10/1/17 to 12/3</i> .	1/1 7
There have been no fees received and no re this box is checked, complete just this form and sub oncord, NH 03301.			
I. Check if additional reports are attached:			
If you have received fees or made expensiones, y	ou must file Add	endum A- Fees and E	Expenses
If you have paid an honorarium or reimbursed expense Reimbursement	penses, you must	file Addendum B - Re	eport of Honorariums or
If you, your firm, or your family has made politic	al contributions,	you must file Addend -	■m C- Political Contributions
worn Statement/Affirmation by Lobbyist have read RS 15 RSA 15-B, RSA 14-C and RSA of d complete to the best of my knowledge and belief.			
Signature of lobbyist)		7-26- (Da	* / te)
Miki Deanchi		(Da	,

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Mike Dennihy / Al	4 Kutrubus
II. Name of lobbyist's partnership, firm or corporation, if any:	
	•
(Name of partnership Jim cr > rporation)	
III. Name of Client Concord Hospital	Date 1-26-17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) S 12,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$_12.000
c) Total of all fees received to date (Add lines a and b)	c15 24,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paic expenses; (b) the aggregate total of all le: meals purchased during a business as than \$10 that is given to the persor ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$
in a), of \$25 or less.	b) \$
e) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	7-26-17
(Signature of lobbyist)	(Date)
Arichael Dennehm	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbvist

(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Hospiteel particular client): Date of Report (check one): July 26, 2017 April 26, 2017 □ October 25, 2017 □ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist)